

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097489

1. Entity Name

INNOVATIVE MARKETING OF AMERICA, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90129 009 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 302
 RIVERVIEW FL 33568
 US

10022 COUNTRY CARRIAGE CIR.
 RIVERVIEW FL 33569-5694
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3543354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUIZ, TRUDY L
 10022 COUNTRY CARRIAGE CIR.
 RIVERVIEW FL 33569

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHD	<input type="checkbox"/> Delete
NAME	MCKEON, TOM	
STREET ADDRESS	11122 137TH ST., NORTH	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARKOPOLUS, ZISIMOS	
STREET ADDRESS	8809 EAGLE WATCH	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUIZ, HENRY/KA/TEDD WEBB	
STREET ADDRESS	10022 COUNTRY CARRIAGE CIR.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	RUIZ, TRUDY	
STREET ADDRESS	10022 COUNTRY CARRIAGE CIR.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KITKOWSKI, TOM	
STREET ADDRESS	7310 TEMPLE TERR. HWY.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLMES, CURTIS	
STREET ADDRESS	1605 S. MISSOURI AVE.	
CITY-ST-ZIP	CLEARWATER FL 34616	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Trudy L. Ruiz

2/27/2000

Date

(813) 671-8896

Daytime Phone #

CR2E034 (9/99)